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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	227.020
	First Inventor	SILVA
	Title	CABLE STRAIN RELIEF DEVICE
	Express Mail Label No.	

16205 U.S. PTO
10/656108
09/08/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 11] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATIONS PARTS

9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input checked="" type="checkbox"/> English Translation Document (if applicable)
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other:

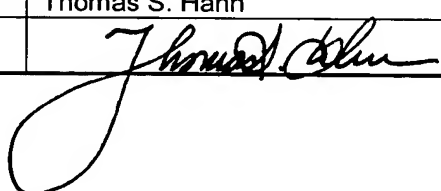
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label				or <input checked="" type="checkbox"/> Correspondence address below
Name	Mark Ungerman Fulbright & Jaworski L.L.P.			
Address	801 Pennsylvania Avenue, 5 th Floor			
City	Washington	State	DC	Zip Code 20004-2623
Country	USA	Telephone	202/662-0200	Fax 202/662-4643
Name (Print/Type)	Thomas S. Hahn		Registration No. (Attorney/Agent)	30,845
Signature			Date	September 8, 2003

FEE TRANSMITTAL for FY 2003				Complete if Known	
<i>Patent fees are subject to annual revision.</i>				Application Number	Unassigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	September 2, 2003
TOTAL AMOUNT OF PAYMENT (\$) 750.00				First Named Inventor	SILVA
				Examiner Name	Unassigned
				Group Art Unit	Unassigned
				Attorney Docket No.	227.020

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account							
Deposit Account Number: 06-02375							
Deposit Account Name: Fulbright & Jaworski L.L.P.							
The Commissioner is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
to the above-identified deposit account.							

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	740	Utility filing fee	750.00
		1002	330	Design filing fee	
		1003	510	Plant filing fee	
		1004	740	Reissue filing fee	
		1005	160	Provisional filing fee	
SUBTOTAL (1)					(\$)
					750.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	11	-20 =	0	x	18
Independent Claims	1	-3 =	0	x	84
Multiple Dependent					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	Claims in excess of 20	
		1201	84	Independent claims in excess of 3	
		1203	280	Multiple dependent claim, if not paid	
		1204	84	** Reissue independent claims over original patent	
		1205	18	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)
					00.00
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas S. Hahn	Registration No. (Attorney/Agent)	30,845
Telephone	202/662-0200	Date	September 8, 2003
Signature			